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Patent and Trademark Office: U.S. Department of Commerce

0087 PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	10/827,509	
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	April 19, 2004	
		First Named Inventor	Mark V. Holzmann	
		Group Art Unit	1724	
		Examiner Name		
Total Number of pages in this Submission		3	Attorney Docket Number	4191-00347

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication To Technology Group		
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input checked="" type="checkbox"/> Information Disclosure Statement/PTO-1449	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)		
<input type="checkbox"/> Response to Missing Parts/ <input type="checkbox"/> Incomplete Application	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> RETURN RECEIPT POSTCARD		
<input type="checkbox"/> Response to Missing Parts Under 37 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> _____		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Date	8/3/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop: No Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the <u>3rd</u> day of August, 2004.			
Typed or printed name		Jo Ann Kuczynski	
Signature	<i>Jo Ann Kuczynski</i>	Date	8-3-04



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/827,509
Applicant : Mark V. Holzmann et al.
Filed : April 19, 2004
Title : Filter Element

TC/A.U. : 1724
Examiner :

Docket No. : 4191-00347

CERTIFICATE OF MAILING

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Jo Ann Kuczynski 8-3-04
Jo Ann Kuczynski Date

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
Mail Stop - No Fee
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant notes the references listed on the attached "Information Disclosure Statement By Applicant" PTO Form 1449.

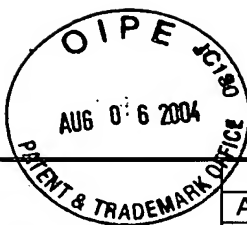
Respectfully submitted,

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PTO/SB/08B (08-00)

Approved for use through 10/31/2002. OMB 0651-0031)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known			
				Application Number	10/827,509		
				Filing Date	April 19, 2004		
				First Named Inventor	Mark V. Holzmann		
				Group Art Unit	1724		
				Examiner Name			
Sheet	1	of	1	Attorney Docket number	4191-00347		

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		RE 37,163	5/8/2001	Oussoren et al.			
		4,120,711	10/17/1978	Gudemann			
		4,720,292	1/19/1988	Engel et al.			
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		6,568,540	5/27/200	Holzmann et al.			

Examiner Signature		Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to client.